

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Todd B Gibbs, #A382-781
PO Box 7010
Chillicothe, OH 45601

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
D. Buckler
B. Received by (Printed Name) *D. Buckler* C. Date of Delivery *2-13-04*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

7003 1680 0000 0330 4887

PS Form 3811, August 2001

01-538 (Dec 16) SJD

Domestic Return Receipt

102595-021-1540